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PTO/SB/21 (09-04), Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		10/612,134		
		July 2, 2003		
		Kurt Daeschle		
		3636		
		Anthony Derrell Barfield		
38	Attorney Docket Number	BIPRI 1022086		
	al filing)	Application Number Filing Date First Named Inventor Art Unit Examiner Name	Application Number 10/612,134  Filing Date July 2, 2003  First Named Inventor Kurt Daeschle  Art Unit 3636  Examiner Name Anthony Derrell Barfield	

	ENCLOSURES (Check all that apply)					
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC				
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final	Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter  Other Englecure(s) (please Identify				
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below): Information Disclosure				
Express Abandonment Request	Request for Refund	Statement under 37CFR Sect.  1.97 and 1.98; Two Cited				
Information Disclosure Statement	CD, Number of CD(s) Landscape Table on CD	References; Return Postcard				
Certified Copy of Priority Document(s)	Remarks					
Response to Missing Parts/ Incomplete Application						
Response to Missing Parts under 37 CFR 1.52 or 1.53						
under 37 GFK 1.32 GF 1.33						
SIGNATI	JRE OF APPLICANT, ATTORNEY, OR	AGENT				
Firm Name Gordon & Rees LLP						
Signature Kallane	Proctor					
Printed name Katherine Proctor	11000					
Date February	February 17, 2006 Reg. No. 31,468					
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
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Typed or printed name Beverly Erdman		Date 2.17.2006				

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Complete If Known

10/612,134

July 2, 2003

PTO/SB/17 (01-06)
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**Application Number** 

## the Consolidated Appropriations Act, 2005 (H.R. 4818). RANSMITTAL

	•	00:17 = 1, = 000		
for FY 2006	First Named Inventor	Kurt Daeschle		
	Examiner Name	Anthony Derrell Barfield	arfield	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3636		
TOTAL AMOUNT OF PAYMENT (\$)405	Attorney Docket No.	BIPRI 1022086		

Filing Date

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 50-1990  Deposit Account Name: Gordon & Rees LLP								
For the above-iden	tified deposit	account, the	e Director is hereby	authorized to: (che	eck all that apply	<b>(</b> )		
Charge fee(s)	indicated be	low		Charge fee(s	s) indicated belo	w, except for th	e filing fee	
			ayments of fee(s)		verpayments	•	•	
under 37 CFR WARNING: Information on the	. 1.16 and 1.1 his form may b	7 pecome publi	c. Credit card inforn			form. Provide cre	dit card	
information and authorizatio	n on PTO-203	8.						
FEE CALCULATION (				g or may be sub	ject to a surc	harge.)		
1. BASIC FILING, SEA					=><	TION SEED		
	FILING		SEARC		EXAMINA	ATION FEES		
A		Small Entity	<i>(</i> Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Application Type Utility	<u>Fee (\$)</u> 300	<u>Fee (\$)</u> 150	500	250	200	100	1 000 1 010 101	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	. 0	0		
2. EXCESS CLAIM FE			•			<u>.</u>	mall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (inc	luding Reis	sues)				50	25	
Each independent claim over 3 (including Reissues)  200 100								
Multiple dependent clai	ms					360	180	
Total Claims	Extra Cla	aims	Fee (\$) Fees	Paid (\$)		Multiple Depe	endent Claims Fee Paid (\$)	
- 20 or HP HP = highest number of total c		if areator than				. 00 (4)	1001 414 (4)	
Indep. Claims	Extra Cla			Paid (\$)				
- 3 or HP		x		<del></del> : -				
HP = highest number of indepe	endent claims p	oaid for, if grea	ater than 3					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	xtra Sheets	!	Number of each a	dditional 50 or frac	ction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =		_ /50=	(rou	nd <b>up</b> to a whole nu	ımber) x	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
4. OTHER FEE(S)							Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Late Filing (\$225); Information Disclosure Statement (\$180) 405								
			······································					

SUBMITTED BY Registration No. 31,468 Telephone 619-696-6700 Proctor Signature (Attorney/Agent) 17/66 Name (Print/Type) Katherine Proctor

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